

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069182

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/		/			
2		/	/			
3		/	/			
4		2	2			
5		0	7			
6		0	/			
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TOTAL IND.	6	↓	6	↓		↓
TOTAL DER.	9	↓	9	↓		↓
TOTAL CLAIMS	10		10			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS